



**QUEEN'S
UNIVERSITY
BELFAST**

Lost in translation – the role of prospective partners within the perioperative setting

Hughes, C. (2018). Lost in translation – the role of prospective partners within the perioperative setting. *Journal of Perioperative Practice*, 28(3), 40.

Published in:
Journal of Perioperative Practice

Document Version:
Peer reviewed version

Queen's University Belfast - Research Portal:
[Link to publication record in Queen's University Belfast Research Portal](#)

Publisher rights
© 2018 AfPP.

This work is made available online in accordance with the publisher's policies. Please refer to any applicable terms of use of the publisher.

General rights

Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.

Lost in translation – the role of prospective partners within the perioperative setting

Journal of Perioperative Practice
2018, Vol. 28(3) 40
© The Author(s) 2018
Reprints and permissions:
sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/1750458918755966
journals.sagepub.com/home/ppj



Recent decades have seen a significant shift in the role of partners in the childbirth process. The days of the pacing father wearing a deep track in the carpet, puffing nervously on a cigarette, whisky to steady the nerves, awaiting the cry of his newborn son/daughter have become confined to the passage of history. Modern day partners are expected to unreservedly attend the birth of their babies, often viewed as a rite of passage to parenthood. Whilst the majority of partners categorically wish to attend the birth of their baby and be supportive, the emotional experience can range from one of overwhelming positivity to feelings of vulnerability and a perceived lack of control (Johansson et al 2015). Some of these more negative emotions are often associated with anxiety about their anticipated role within the process and fear for both their partner in pain and the wellbeing of the baby.

Whilst feelings of vulnerability and anxiety potentiate for every expectant partner, evidence shows that those who go through the experience of an emergency caesarean section often report higher levels of anxiety and dissatisfaction with care mainly associated with a reduced feeling of control (Johansson et al 2015). Reflecting on the situation of an emergency caesarean, partners are frequently last to enter theatre once the mother is draped and surgery is about to commence. There is often an air of tension within this particular scenario dependant on the necessary reason for intervention and frequently partners are viewed as secondary to unfolding events, being hurriedly placed at the head of the bed at the last moment, left to gaze anxiously at their loved one and surrounded by unfamiliar sounds, equipment and people. It is difficult to imagine the surge of lack of control that this situation must cause and the subsequent feelings this is likely to evoke post birth.

It is common for health professionals to focus acutely on the mothers experience in relation to bonding with the baby, but it is important to remember that immediate involvement of the partner from birth can increase their feelings of parental attachment. A qualitative study by Fegan et al in 2008 which explored fathers' feelings when their babies were admitted to neonatal intensive care units emphasised the critical importance of early contact with the baby as key to developing feelings of affection and a sense of connection. One of the key ways that health professionals can do this is by placing the baby skin to skin with the partner in the very early stages post birth. This could be carried out in theatre once the mother has had time to see and hold the baby. There is no reason that the baby could not be tucked securely against the partner's chest whilst surgery completes. Apart from the documented physiological benefits to the baby, evidence supports the

benefits of skin to skin contact as including bonding and creating a more equal start to parenting (Olsson et al 2017).

Midwives have a responsibility in the antenatal period to build trusting relationships with prospective parents through open and transparent communication and evidence based information giving. Much of this can be done through the vehicle of antenatal education. Recent developments in antenatal education place much more focus on early attachment and bonding as this is now recognised as a key foundation for successful parenting. Parent education should prepare partners for their role within a perioperative setting as this may help to reduce some elements of anxiety should the circumstances arise. Partners also need to feel safe to express their anxiety and helplessness within such situations and this can only happen if perioperative staff recognise and support these emotions at the time. Simple gestures of warmth and inclusivity can make a significant difference to the psychological outcomes of the situation.

Overall, the messages are simple. Kindness and empathy go a long way to improving a person's journey through a traumatic experience. Clear and informative communication both in the antenatal period and within the perioperative setting will ease anxiety and help to make partners feel inclusive in the process. Every step of the childbirth process can make an imprint on an individual's future adaptability to parenthood so try to remember your important role in this journey.

References

- Fegan L, Helseth S, Fagermoen MS 2008 A comparison of mothers and fathers experiences of the attachment process in a neonatal intensive care unit *Journal of Clinical Nursing* 17 (6) 810–816
- Johansson M, Robertsson C, Radestad I, Hildingsson I 2012 Childbirth – an emotionally demanding experience for fathers *Sexual and Reproductive Healthcare* 3 (1) 11–20
- Olsson E, Eriksson M, Anderzen-Carlsson A 2017 Skin-to-skin contact facilitates more equal parenthood - A qualitative study from fathers' perspective *Journal of Pediatric Nursing* 34 e2–e9

Clare Hughes
Midwifery Lecturer (Education)
MBC Reception, Queens University Belfast, Belfast
Email: c.h.hughes@qub.ac.uk